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CONFIRMATION NO. 9247

<b>SERIAL NUMBER</b> 10954,350	<b>FILING OR 371(c) DATE</b> 01/19/2002 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> 02936354
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/901,942 07/09/2001 PAT 6,645,988  
 which is a CIP of 09/481,207 01/11/2000 PAT 6,489,346  
 which is a CIP of 09/183,422 10/30/1998 ABN  
 which is a CIP of 08/680,376 07/15/1996 PAT 5,840,737  
 which claims benefit of 60/009,608 01/04/1996

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***    **\*\* SMALL ENTITY \*\***  
 05/24/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 150	<b>INDEPENDENT CLAIMS</b> 4
Verified and Acknowledged	Examiner's Signature	Initials			

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**TITLE**

NOVEL SUBSTITUTED BENZIMIDAZOLE DOSAGE FORMS AND METHOD OF USING SAME

<b>FILING FEE RECEIVED</b> 5715	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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